

ART 3414M 1-27

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599260

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 5 | | 2 | | | | |
| 6 | | 2 | | | | |
| 7 | 1 | | | | | |
| 8 | 1 | | | | | |
| 9 | | 2 | | | | |
| 10 | | 2 | | | | |
| 11 | | 2 | | | | |
| 12 | 1 | | | | | |
| 13 | 1 | | | | | |
| 14 | | 2 | | | | |
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| 16 | | 2 | | | | |
| 17 | 1 | | | | | |
| 18 | 1 | | | | | |
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| 23 | 1 | | | | | |
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| TOTAL DEP. | 34 | ← | | ← | | ← |
| TOTAL CLAIMS | 44 | | | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
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| TOTAL CLAIMS | | | | | | |